



Animal Doctors of South Tampa

Rescue Organization Protocol Agreement

This Agreement is made and entered into by and between the rescue organization, and **Animal Doctors of South Tampa**, a veterinary practice. The purpose of this Agreement is to establish a mutual understanding between the organization and the clinic regarding the veterinary services provided to animals under the organization's care. The Clinic will provide essential medical care and treatment for animals in need, including but not limited to general check-ups, vaccinations, surgeries, diagnostic tests, and emergency care. As part of this collaboration and in recognition of the organization's mission and non-profit status, the clinic agrees to provide the organization with a 10% discount on all veterinary **services** rendered to animals under the organization's care. This discount applies **only to services**, this discount **does not apply to products**, including medications, pet food, or any other retail items sold by the Clinic.

Before proceeding with the formal agreement, both parties are advised to read and fully understand the contents of this document. By signing this Agreement, both parties acknowledge that they have read, understood, and agreed to all terms, including any conditions, exclusions, and protocols outlined.

1. Primary Point of Contact

- **Role:** Each pet rescue organization will designate **one primary point of contact (POC)** for the clinic. This will streamline communication and ensure that all relevant information is handled efficiently.
- **Contact Information:**
 - **Phone Number**
 - **Email Address**
 - **Proper Organization Documentation- 501(C)(3)**
- **Responsibility:** The POC will be the **sole communication link** between the rescue organization and the clinic for scheduling appointments, updates, and queries. Any changes or updates must come from this contact.

2. Pre-Visit Notification & Care Instructions

- **Advance Notice:** The POC must notify the clinic **prior to the animal's arrival** with the following information:
 - **Type of Care Needed:** Clear instructions on what specific care or treatment the animal is seeking. This may include things like vaccinations, neutering/spaying, emergency care, or other specific medical concerns.
 - **Health History:** If available, provide any **medical records** for the animal, especially if they have ongoing medical issues or require specialized care.
 - **Expected Timeline:** Indicate if the animal is expected to stay for multiple visits, a one-time treatment, or urgent care.

3. Financial Authorization Process

- **Single Payment Method:** Only **one authorized payment method** (e.g., credit/debit card) will be kept on file for each rescue organization.

- **Authorization:** The POC will authorize payment at the **end of each visit**.
 - The **payment method** will be charged once the service has been rendered.
 - Any changes to payment information must be communicated and confirmed by the POC ahead of time.

4. Medical Records & Foster Engagement

- **Medical Records Access:**
 - **Foster Parents:** Foster parents are **not** automatically allowed to access medical records directly.
 - **Procedure for Requests:** If a foster parent requires access to medical records for a specific animal, they must first contact the POC for that rescue organization.
 - **Requesting Copies:** The POC can then request copies of medical records from the clinic on behalf of the foster. This ensures that all communication about medical care remains streamlined through one point of contact.
- **Confidentiality:** Foster parents must agree to the confidentiality terms, ensuring that they understand medical records are shared only under the guidance of the POC.
- **Consultation:** If the foster parent has medical-related questions, they can **consult** the POC, who can then engage the clinic's staff for clarification or direction.

5. Follow-Up Care & Communication

- **Post-Visit Instructions:** After each visit, the clinic will provide clear **post-visit care instructions** to the POC, including medication schedules, follow-up appointments, and any other essential care instructions. Along with a copy of the doctor's note from that visit.
- **Ongoing Communication:** The POC will receive **regular updates** regarding the animal's health status and progress. Regular check-ins are encouraged to ensure animals are getting the appropriate care.

By signing below, both parties acknowledge that they have read, understood, and agree to the terms outlined in the **Purpose Statement, Protocol Layout**, and any applicable provisions of this Agreement.

Organization Representative Name: _____

Signature: _____

Date: _____
